

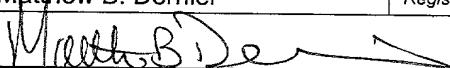
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PTO/SB/05 (03-01)

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U S Patent and Trademark Office, U S. DEPARTMENT OF COMMERCE  
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<b>UTILITY</b> <b>PATENT APPLICATION</b> <b>TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<b>Attorney Docket No.</b> SONY 3.0-022 <b>First Inventor</b> Harold A. Lutdko <b>Title</b> A METHOD OR SYSTEM FOR EXECUTING, etc. <b>Express Mail Label No.</b> EL807554567US			
<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO:</b> Commissioner for Patents Washington DC 20231			
See MPEP chapter 600 concerning utility patent application contents.					
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)			
2. <input type="checkbox"/> Applicant claims small entity status <small>See 37 CFR 1.27</small>		8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>			
3. <input checked="" type="checkbox"/> Specification <span style="border: 1px solid black; padding: 2px;">[Total Pages 39]</span> <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed Sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>		a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies), or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> c. <input type="checkbox"/> Statements verifying identity of above copies			
<b>ACCOMPANYING APPLICATIONS PARTS</b>					
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small> <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i) <small>Applicant must attach form PTO/SB/35 or its equivalent.</small> 17. <input checked="" type="checkbox"/> Other <span style="border: 1px solid black; padding: 2px;">Unexecuted Declaration</span>					
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76 <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No _____ Prior application information: Examiner _____ Group / Art Unit. _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.					
<b>19. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		 000530	or <input type="checkbox"/> Correspondence address below		
Name _____					
Address _____					
City _____		State _____	Zip Code _____		
Country _____		Telephone _____	Fax _____		
Name (Print/Type)		Matthew B. Dernier		Registration No. (Attorney/Agent)	40,989
Signature				Date	December 11, 2001

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 1,838.00)

Complete if Known	
Application Number	Not Yet Assigned
Filing Date	Herewith
First Named Inventor	Harold A. Ludtke
Examiner Name	Not Yet Assigned
Group Art Unit	Not Yet Assigned
Attorney Docket No.	SONY 3.0-022

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to  
Deposit Account Number **12-1095**

Deposit Account Name **Lerner, David, Littenberg, Krumholz & Mentlik, LLP**

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed Check  Credit Card  Money Order  Other

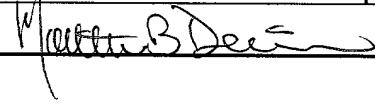
## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	400	216	200
117	920	217	460
118	1,440	218	720
128	1,960	228	980
119	320	219	160
120	320	220	160
121	280	221	140
138	1,510	138	1,510
140	110	240	55
141	1,280	241	640
142	1,280	242	640
143	460	243	230
144	620	244	310
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	740	246	370
149	740	249	370
179	740	279	370
169	900	169	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$ 0 00)	

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
101	740	201	370
106	330	206	165
107	510	207	255
108	740	208	370
114	160	214	80
SUBTOTAL (1) (\$ 740 00)			
2. EXTRA CLAIM FEES		Extra Claims	Fee from below
Total Claims	81	-20** =	61 X 18 00 = 1,098 00
Independent Claims	3	-3** =	0 00
Multiple Dependent			
SUBTOTAL (2) (\$ 1,098 00)			

\*\* or number previously paid, if greater. For Reissues, see above

SUBMITTED BY		Complete (if applicable)	
Name (print/type)	Matthew B. Dernier	Registration No. (Attorney/Agent)	40,989
Signature		Telephone	(908) 654-5000
		Date	December 11, 2001